Court Interpreter (Spanish) Supplemental Application Announcement # 10-002R

This form must be submitted with the Superior Court of California, County of San Bernardino Employment Application.

This supplemental application and all other required application materials will be the basis for a competitive evaluation of qualifications. Only the highest rated candidates will received further consideration. A resume, while useful, will not substitute for this form.

Please describe in detail, your experience, specify the employer, position held and dates when describing experience.

1.	Please provide the date you first received your Certification as an Interpreter for Spanish by the Judicial Council of California.			
	Month:	Day:	Year:	· · · · · · · · · · · · · · · · · · ·
2.	Please provide the name and dates for all Courts you have acted as an Interpreter for.			
3.			tions you have had experie ate this service was provid	
Certificate of Application: I certify that all statements made on the Court application and this supplement application is true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.				
Name (print):		Social Security #:		
Signatu	re:		Date:	